

ATS Wilmore/ExL Registration Contract

Submit Signed Contract to MM Office (mentoredministry@asburyseminary.edu or Fax: 859.858.2057). Make/save a copy for yourself.

STUDENT INFORMATION

Name: _____ **Primary Campus:** Wilmore ExL Other
Address: _____ **Student ID #:** _____
Primary Phone: _____ **Email:** _____
Are you an International (F1/J1) Student: Yes No **Degree Plan:** _____

REGISTRATION INFORMATION *Once you have submitted your contract to the MM Office, barring any holds on your student account, the MM Office will have you registered or wait listed for MM520.

Any Current Holds Preventing Your Registration? (See Holds at Student Portal): Yes No

Completed Prerequisites: NT(IBS)510 OR 511 TH501

Course: MM310

Semester: _____ **Section:** _____ **First Date You Are Cleared to Register:** _____

If you are on an International student visa (F1/J1), please contact the International Affairs office for more information.

Comments (for office use only): _____

MM Director's Signature: _____

MENTOR & MINISTRY INFORMATION

****You will meet one on one with your mentor 1 hour/week and also complete 9 hours of ministry/week**

Mentor: _____ **Mentor Profile Submitted to MM Office:** Yes No

Mentor's Email: _____

Ministry Site: _____ **Denomination Affiliation:** _____

Address: _____

Student's Ministry Responsibilities: _____

Student's Signature: _____ **Date:** _____

Mentor's Signature: _____ **Date:** _____

MM Director's Signature: _____ **Date:** _____

FOR REGISTRAR'S OFFICE USE ONLY

Registered By: _____ **Date:** _____

Comments: _____